NORTH CAROLINA
COMMUNITY FOUNDATION

Recommendations for Charitable Distributions

Mail To: North Carolina Community Foundation
3737 Glenwood Avenue, Suite 460
Raleigh, North Carolina 27612
Or via email: grants@nccommunityfoundation.org Or fax: (919) 827-0749

Grants are distributed from mid-February through mid-December. Deadline for recommendations is ***December 10.***

Fund Name: _____ **Fund Number**: _____

I recommend the following grants to the Distribution Committee of the North Carolina Community Foundation Board of Directors. I understand that final judgment rests with the Board, whose charge it is to see that all grants are within the charitable purposes of the Foundation. I certify that this recommendation does not represent payment of a legally binding pledge or other personal financial obligation on behalf of the fund representative(s), family members, or businesses they control, and that no tangible benefit, goods, or services (including dinners, tickets, etc.) were or will be received by any individual or entities connected with the Fund. I understand that I may request that the check and accompanying materials be sent to me for delivery, in which case I agree to provide all materials to the grantee as delivered to me by NCCF without supplementary instruction and in accordance with grant terms and conditions.

My signature below certifies that I have read, understand, and agree to the above terms.
Grants will not be processed without this certification. Please keep a copy of this form for your records.

_____ _____ _____
Signature of Fund Contact **Name of Fund Contact** **Date**

Phone: _____ **Email**: _____

In addition to the grants recommended below, I would like to make a grant of $_____ to the North Carolina Community Foundation Endowment to support the Foundation's philanthropic work across our state. _____ (initial here)

I. Recipient Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone #: _____

Grant Amount: $ _____($250 minimum) Contact E-Mail: _____

Grant Purpose (if not general operating support): _____

_____

☐ Send Check to Organization (default) ☐ Send Check to Me for Delivery ☐ This Grant is ANONYMOUS

Office Use Only: Grantee Profile #: _____ Verified: _____ Grant #: _____ Authorization: _____ Date: _____

II. Recipient Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Phone #: _____

Grant Amount: $ _____($250 minimum) Contact E-Mail: _____

Grant Purpose (if not general operating support): _____

_____

☐ Send Check to Organization (default) ☐ Send Check to Me for Delivery ☐ This Grant is ANONYMOUS

Office Use Only: Grantee Profile #: _____ Verified: _____ Grant #: _____ Authorization: _____ Date: _____

Fund Region: ___ County ____ Staff: ___ I. Date Mailed: _____ II. Date Mailed: _____